## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09740792

CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS				25		(COldinit 2)		ſ	RATE	FEE		RATE	FEE	
					AU MADE	D EVIDA		BASIC FEE			BASIC FEE		Î	
FOR				NUMBER FILED			R EXTRA	F	SASIO I EE	333.00	OR			
TOTAL CHARGEABLE CLAIMS				4 3 minus 20=		* 23			X\$ 9=		OR	X\$18=	414-00	P
INDEPENDENT CLAIMS				minus 3 =		·			X40=		OR	X80=	700.0	þ
MULTIPLE DEPENDENT CLAIM PRESENT							<u> </u>		+135=		OR	+270=	210.00	þ
* If the difference in column 1 is less than zero, enter "0" in column 2								L	TOTAL		OR	TOTAL	1794.0	
CLAIMS AS AMENDED - PART II												OTHER THAN		
			(Column 1)		(Column 2) (Column 3)			SMALL ENTITY			OR	SMALL ENTITY		
NT A			CLAIMS REMAINING AFTER AMENDMENT		NUN PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
DME		Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AMENDMENT		ndependent	*	Minus	***		=		X40=		OR	X80=		
	<u>]</u>	FIRST PRESE	NTATION OF N	MULTIPLE DEF	ENDE	NT CLAIM			+135=		OR	+270=		
								Į.	TOTAL ADDIT. FEE	<u> </u>	OR	TOTAL ADDIT. FEE		
			(Column 1)		(Col	umn 2)	(Column 3)	,	ADDIT. FEL		<b>=</b> 3	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		٦
AMENDMENT B			CLAIMS REMAINING AFTER AMENDMENT		HIC NU PRE	SHEST IMBER VIOUSLY ID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAI FEE	- 11
DME		Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
MER		Independent	*	Minus	***		=		X40=		OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=		OR	+270=		
									TOTAL		OR	TOTA		┥
									ADDIT. FEE		_JON	ADDIT. FE	EL	
	_		(Column 1	)		lumn 2) GHEST	(Column 3)	7		7(	7		1 4551	
FA			REMAINING AFTER AMENDMEN		PRE	UMBER EVIOUSLY AID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	-	RATE	ADDI TIONA FEE	۱L
TIMBERIORA	֡֞֜֝֝֟֝֟֝֟֝֟֝֟֝֟֝֟֝֟֝֟֟֝֟֝֟֟֝	Total	*	Minus	**		=		X\$ 9=		OF	X\$18=	=	
4 U	ME	Independent	*	Minus	***		<u></u>		X40=		OF	X80=		
	⋖	FIRST PRES	ENTATION OF	MULTIPLE DE	PENDE	ENT CLAIN	Λ <u> </u>		405		1	070		_
		+135= +135= TOTAL									OF	TOT	ال	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											OF	ADDIT. FE	EE	
	##·	'If the "Highest N The "Highest Nu	umber Previousl Imber Previously	y Paid For IN II Paid For (Total	or Indep	endent) is the	ne highest numb	er fo	ound in the a	appropriate t	oox in o	column 1.		